SIOUX RIVERS REGIONAL MENTAL HEALTH AND DISABILITIES SERVICES



TRANSITION PLAN

FY14-FY15

This document serves as the Transition Plan for the Sioux Rivers Regional MHDS, hereafter referred to as the Region. The plan describes the steps taken by the Region to provide a smooth transition from a county to a regional system for individuals with mental illness and intellectual disabilities.

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A. Access Points:

An access point is an agency within the Region's service system whose staff are trained to complete the MH/DS regional applications for individuals with mental illness and/or intellectual disability. The Region has designated the following access points, including care coordination agencies.

Access Point	What Services are provided by this Access Point?
Cherokee County Work Services	Service Coordination
322 Lake Street	Employment/Day Services
Cherokee, IA 51012	
Phone: (712) 225-4531	
Plains Area Mental Health Center	Integrated Health Home Intensive Care Coordination
1231 West Cedar Loop	Outpatient
2 nd Floor Ginzberg Building	Psychiatric Evaluation
Cherokee, Iowa 51012	Medication Management
Phone: (712) 225-2575	
Crisis Number: (888) 546-0730	
Sioux Rivers Regional MHDS – Cherokee Co.	Service Coordination
1231 West Cedar Loop	Referral Services
2 nd Floor Ginzberg Building	Eligibility Determination
Cherokee, IA 51012	Funding Decisions
Phone: (712) 225-6700	Targeted Case Management
Life Skills Training Center	Employment/Day Services
1510 Industrial Road	
Le Mars, IA 51	
Phone: (712) 546-9554	
Plains Area Mental Health Center	Outpatient
180 10th Street	Integrated Health Home Intensive Care Coordination
P.O. Box 70	Psychiatric Evaluation
Le Mars, Iowa 51031	Medication Management
Phone: (712) 546-4624	
Crisis Number: (888) 546-0730	
Sioux Rivers Regional MHDS-Plymouth Co.	Service Coordination
19 2 nd Avenue NW	Referral Services
Le Mars, Iowa 51031	Eligibility Determination
Phone (712) 546-4352	Funding Decisions

Creative Living Center, PC	Outpatient
1905 10 th Street, Box 163	Psychiatric Evaluation
Rock Valley, IA 51247	Prescreening for Commitment
Phone: (712) 476-5245	Medication Management
Crisis Phone: (888) 587-2537	
Hope Haven, Inc.	Integrated Health Home Intensive Care Coordination
1800 19 th Street	Psychiatric Rehabilitation
Rock Valley, IA 51247	Service Coordination
Phone:(712) 476-2737	Community Living
	Employment/Day Services
Iowa Department of Human Services	Service Coordination
315 Central Ave SE	Targeted Case Management
Orange City, IA 51041	
Phone: (712) 737-2943	
Sioux Rivers Regional MHDS - Sioux County	Service Coordination
210 Central Ave SW, P.O. Box 233	Referral Services
Orange City, IA 51041	Eligibility Determination
Phone: (712) 737-2999	Funding Decisions
Sioux Rivers Regional MHDS - Woodbury Co.	Service Coordination
1211 Tri View Ave	Referral Services
Sioux City, IA 51103	Eligibility Determination
Phone: (712) 279-6459	Funding Decisions
	Targeted Case Management
Siouxland Mental Health Services	Outpatient
624 Court St	Integrated Health Home Intensive Care Coordination
Sioux City, IA 51101	Psychiatric Evaluation
Phone: (712) 252-3871	Medication Management
Crisis Phone: (712) 279-2010	

B. Targeted Case Management Providers:

The Region shall offer choice and access to cost effective, evidenced based, conflict free Targeted Case Management as described in Iowa Administrative Code 441-25.21(1)g.

The designated case management agencies serving the Region must be accredited by the Department of Human Services. Targeted Case Managers must meet the qualifications as defined in Iowa Administrative Code 441.

The region's Case Management Providers, as long as the above criteria is satisfied, are chosen by the Board of Supervisors in their respective Counties and approved by the Regional Governing Board. The following agencies are currently contracted to provide TCM services to consumers in their respective counties and thus have been designated to serve the Sioux Rivers Regional MHDS in Fiscal Year 2015:

<u>Cherokee County</u>: Cherokee County Targeted Case Management

1231 West Cedar Loop, Suite 205, Box 342

Cherokee, Iowa 51012

(712) 225-6700

<u>Plymouth County</u>: DHS Targeted Case Management

19 2nd Avenue NW Le Mars, Iowa 51031 (712) 546-4352

Sioux County: DHS Targeted Case Management

315 Central Avenue SE Orange City, Iowa 51041

(712)737-2943

Woodbury County: Woodbury County Targeted Case Management

1211 Tri View Avenue Sioux City, Iowa 51103

(712)279-6549

C. Service Provider Network:

The Region's service provider network is enumerated in the following table:

Sioux Rivers Regional Provider Network		County Funded Services
County Funded Program Providers		
Cherokee County Work Services	Employment/Day Services	
322 Lake Street	Supported Employment	
Cherokee, IA 51012		
Phone: (712) 225-4531		
Pride Group	Reside	ential Supports
214 Plymouth Street SE	Residential Care Facility	
Le Mars, IA 51031	PMI Residential	
Phone: (712) 546-6500	Supported Community Living	
Life Skills Training Center	Emplo	yment/Day Services
1510 Industrial Road		
Le Mars, IA 51031		
Phone: (712) 546-9554		

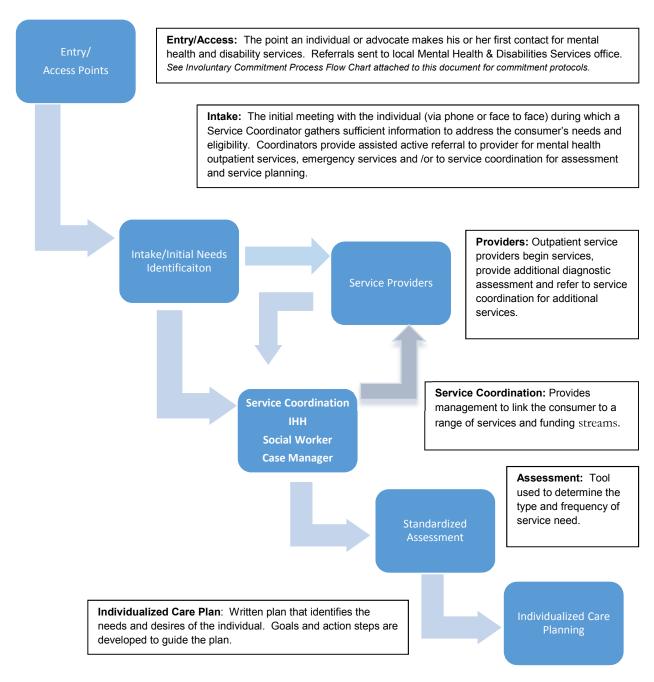
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Plains Area Mental Health Center	Outpatient
180 10th Street, Suite 201	Integrated Health Home Intensive Care Coordination
P.O. Box 70	Psychiatric Evaluation
Le Mars, Iowa 51031	Medication Management
Phone: (712) 546-4624	Prescreening for commitment
Creative Living Center, PC	Outpatient
1905 10 th Street, Box 163	Psychiatric Evaluation
Rock Valley, IA 51247	Prescreening for Commitment
Phone: (712) 476-5245	Medication Management
Hope Haven, Inc.	Integrated Health Home Intensive Care Coordination
1800 19th Street	Psychiatric Rehabilitation
Rock Valley, IA 51247	Service Coordination
Phone:(712) 476-2737	Community Living
	Employment/Day Services
Iowa Department of Human Services	Service Coordination
315 Central Ave SE	Targeted Case Management
Orange City, IA 51041	
Phone: (712) 737-2943	
New Perspectives	Employment/Day Services
P.O. B 364	Supported Employment
Sioux City, IA 51102	
Phone: (712)258-3576	
Siouxland Mental Health Center	Outpatient
P.O. Box 1917	Integrated Health Home Intensive Care Coordination
Sioux City, IA 51102	Psychiatric Evaluation
Phone: (712) 252-3871	Medication Management

Sioux Rivers Regional Provider Network Waiver Funded Program Providers	Waiver Funded Services
Goodwill	Employment/Day Services
3100 West 4th Street	
Sioux City, IA 51102	
Phone: (712) 258-4511	
Mid Step Services	Residential Services
P.O. Box 364	
Sioux City, IA 51102	
Phone: (712) 274-2252	
Opportunities Unlimited	Residential Services
3439 Glen Oaks Blvd	
Sioux City, IA 51104	
Phone: (712) 252-5691	

D. Service Access and Service Authorization Process

Eligibility:

Accessing services and service authorization continues at the local level. A new applicant for funding has the right to have eligibility for benefits determined as quickly as possible to ensure access to adequate services. County MHDS offices are responsible for eligibility determination and funding authorization to ensure rapid response in the manner described below. Key components include:



Process:

Entry/Access Points: The first point of contact for someone seeking mental health and disability services. Examples of entry points include the County Mental Health & Disabilities Services office and community mental health agencies. Access points are required to send completed applications or referrals by the end of the working day that the contact is received. Other the MHDS Coordinators offices, Access Points are not authorized to approve funding.

Referrals: Intake workers located in county offices will take self-referrals or access point referrals conducted with the individual's consent for the purpose of further assessment for care, treatment or funding. Referrals may be made from any part of service delivery system.

- Self-Referral: A consumer or advocate takes responsibility for contacting another service provider(s) to make a referral on their own behalf. The service provider will contact the local Community Services Office to determine funding for services.
- Assisted Active Referral: Service providers within the service system may make a referral on behalf of a consumer. Assisted active referral includes:
 - initial verbal contact with the MHDS Coordinator office
 - discussion about referral requirements
 - anticipated appointment time (waiting list considerations)
 - appropriate documentation forwarded
 - determination of funding source(s)

Initial Needs Identification: MHDS Coordinator provides initial brief screening and assessment for the purpose of appropriate referral to service provider. Referrals are prioritized based on presenting issues, needs, and risk assessment.

Criteria for Eligibility: If applicant meets the general eligibility criteria and needs treatment services, the MHDS Coordinator will inform the applicant of the provider options and refer them to appropriate services with the provider they choose.

If individuals need other services or supports the MHDS Coordinator informs the individual what additional information or verification is needed and how to obtain that information. The Service Coordinator also informs the individual what service and supports are available. The Service Matrix defines who is eligible to receive services and supports by eligibility group.

If individuals are eligible for case management or integrated health homes (IHH), MHDS Coordinator will inform them of the case management or integrated health home provider options and refer them to the appropriate agency. If the individual needs other services for support and are not eligible for case management or integrated health home, Regional MHD Service Coordinators will provide service coordination.

Service Coordination: Case managers, IHH or regional Service Coordinators provide another link to funding and providers. Those involved in service coordination may request regional funded services as needed. Service Coordinator will assist with scheduling individuals for a standardized functional assessment if required.

Assessment: Individualized services are determined in accordance with the standardized functional assessment. The assessment will be used in the Individualized Care Plan to determine services and units of services funded.

Individualized Care Planning: Includes the gathering and interpretation of comprehensive assessment information, and creating strategies with the consumer about their ongoing care and support needs. Service Coordinator is particularly important in facilitating appropriate care for consumers with multiple or complex needs. Individualized planning supports the consumer to identify goals and implement strategies, actions and services to achieve those goals. This may involve linking the consumer to a range of services, identifying how self-management support, education and health promotion will be provided, and establishing effective communication among all the providers involved in delivering services to the individual.

Service Authorization:

Request for Services: MHDS Service Coordinators request services on behalf of the individuals based on the initial needs identification or standardized assessment. Requests for funding of outpatient services will be handled by the Service Coordinator. Timely eligibility determination includes the issuance of a Notice of Decision (NOD). The Notice of Decision informs eligible individuals and/or their legal representative and service providers of the approval or denial of mental health funding, reason for the action, what the share of cost is, if any, and appeal rights if the applicant is dissatisfied with the action specified in the NOD. The NOD also specifies the service provider, type and units of services approved based on immediate need or results from the standardized assessment.

Timeframes: The timeframe for conducting eligibility determination shall not exceed 10 business days. If a functional assessment is required it will be scheduled within 90 calendar days. Once an individual's functional assessment is received, individuals will be referred for services to a provider of choice and issued a Notice of Decision within 10 business days.

Crisis and Urgent services are not subject to standardized assessment. The need for outpatient services is based on the mental health provider's intake assessment and treatment plan and according to the access standards outlined elsewhere in this plan.

Following the assessment, the Service Coordinator or other Case Manager will submit a Service Authorization request to the Region for funding, which will be processed within 5 working days of receipt. Decisions for funding will be based on the general eligibility

criteria as outlined above, and according to the guidelines outlined in the Service Matrix. Consideration will also be made to assure that the service being requested is:

- Appropriate and necessary to the symptoms, diagnoses or treatment
- Within standards of good practice for the type of service requested
- Not primarily for the convenience of the individual or the service provider
- The most appropriate level of service which can safely be provided
- Beneficial to the individual and not available from alternative sources

When deemed appropriate, the region may contract with a qualified professional to review the plan for requested services.

Sioux Rivers Regional MHDS service contracts require that providers meet all applicable licensure, accreditation or certification standards. However, Sioux Rivers will make a serious effort to stimulate access to more natural supports in its service provider network. Sioux Rivers will include providers of services that do not require state certification, as long as they provide high quality services, positive outcomes and satisfaction, cost effectiveness, and are willing to comply with the Sioux Rivers Regional MHDS Management Plan. The Sioux Rivers CEO, in conjunction with the Service Coordinators, will review the request from such providers as an out-of-plan request for funding and if approved, the request will be forwarded to the Sioux Rivers Governance Board for funding authorization.

Eligibility Criteria:

Residency:

If an individual has complied with all requested information, their access to services shall not be delayed while awaiting a determination of legal residence. In these instances, the Region shall fund services and later seek reimbursement from the county of legal residence.

General Eligibility:

It is the expectation of the Region that every uninsured individual will apply for coverage as required by the Affordable Care Act. In the event an individual did not apply in a timely manner, an application for funding can be made to the county of residence. However, the applicant must enroll during the next open enrollment period. All regional funding for services otherwise covered by the ACA will cease December 31, 2014 for those individuals who fail to enroll.

Designated county staff shall review the application to determine if the individual meets the eligibility:

- 1. The individual is at least eighteen years of age and a resident of this state as verified by a current state issued photo ID or;
- 2. An individual who is 17 years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three (3) month

period preceding the individual's eighteenth birthday in order to provide a smooth transition from children's to adult services or;

3. An individual under the age of 18 years and a resident of the state may be considered eligible for those mental health services made available to all or a portion of the residents of the region of the same age and eligibility class under the county management plan of one or more counties of the region applicable prior to formation of the region. Eligibility for services is limited to availability of the regional service system funds without limiting or reducing core services, and if a part of the approved regional service system management plan.

Financial Eligibility:

The individual must comply with financial eligibility requirements as stated in Iowa Administrative Code 441-25.16.

Income Guidelines: (Iowa Code 331.395.1)

 An individual with gross income at or below 150% of the current Federal Poverty Guidelines.

The income eligibility standards specified in this Plan shall not supersede the eligibility guidelines of any other federal, state, county, or municipal program. The income guidelines established for programs funded through Medicaid (Waiver programs, Habilitation Services, etc.) shall be followed if different than those established in this manual.

In determining income eligibility, the average gross monthly income for the past three (3) months will be considered. However, recent employment and/or income changes may be considered by the designated county staff in determining income eligibility. An individual is expected to provide proof of income (including pay stubs, income tax return, etc.) as requested.

Resources Guidelines: (IC 331.395)

An individual may have resources equal to or less than the most recent lowa State Medicaid guidelines. Additional details regarding resources are included in the Management Plan.

Diagnostic Eligibility:

The individual must have a diagnosis of Mental Illness or Intellectual Disability:

Mental Illness:

Individuals who at any time during the preceding twelve-month period have had a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance-related disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

Intellectual Disability:

Individuals must meet the following three (3) conditions:

- 1. Significantly sub average intellectual functioning: an intelligence quotient (IQ) of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly sub average intellectual functioning). The diagnosis shall be made in accordance with the criteria provided in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association, and shall not include the manual's "V" codes identifying conditions other than a disease or injury.
- 2. Concurrent deficits or impairments in present adaptive functioning (i.e., the individual's effectiveness in meeting the standards expected for the individual's age by the individual's cultural group) in at least two (2) of the following areas: communication, self-care, home living, social and interpersonal skills, use of community resources, self-direction, functional academic skills, work, leisure, health, and safety.
- 3. The onset is before the age of 18.

Assistance to Other than Core Populations and/or Services:

The Region has designated funding for individuals with developmental disability and/or brain injury that were receiving services in previous fiscal years, but only as funds are available to meet core services to mandated populations as outlined in the Service Matrix. When those individuals no longer have need for services, funding will be reallocated for services to mandated populations. Additionally, Sioux Rivers will seek alternatives to Sheltered/Work Activity by partnering with regional vocational providers to develop community employment options for eligible consumers and will allocate funding for work activity only until those alternative employment opportunities are realized in the coming fiscal year(s) or the individual no longer has a need for this service.

E. Information Technology and Data Management:

The Region will collaborate with ISAC to assure that consumer data is current and can be extracted for use by DHS in the format they designate. This will be facilitated by the use of the Community Services Network (CSN) for collecting and maintaining data and processing claims. Consumer information will be updated at least annually when consumer eligibility is reviewed. Payments for local services will be paid by the individual counties and payments for regional services will be paid by the fiscal agent from the regional account after the CEO reviews the bills. The fiscal agent will also pay for the yearly audit through the regional account. Woodbury County will serve as the fiscal agent for the Sioux Rivers Regional MHDS.

Information Technology (IT) services will be provided to each county by their respective IT department.

Consumer and provider data, address, telephone numbers, and contacts will be kept current in CSN by each local Mental Health & Disabilities Services office. A website for use by the general public as well as the Governing Board, fiscal agent, CEO and MHDS Coordinators is under development. The website should be completed by December 2014. Each county will have a link to the regional site.

HIPAA:

To ensure the confidentiality of consumer protected health information (PHI), the Sioux Rivers Regional MHDS will adopt HIPAA Policies and Procedures, as developed by ISAC, which meet current Federal and Iowa code.

F. Business Functions, Accounting Procedures and Administrative Processes:

Funding for the non-Medicaid mental health and disability services shall be under the control of the Region's Governing Board in accordance with Iowa Administrative Code 441-25.13 (331.391). The Governing Board shall retain full authority and financial risk for the Plan. The finances of the Region shall be maintained to limit administrative burden and to provide public transparency.

The CEO and the MHDS Coordinators will prepare a proposed annual budget that will be reviewed by the Governing Board for their approval. The CEO and the MHDS Coordinators will be responsible for managing and monitoring the adopted budget.

The services funded by the Region are subject to change or termination with the development of the Regional budget for each fiscal year.

The Governing Board is responsible for adopting and approving an annual budget for non-Medicaid mental health and disability services for the fiscal period July 1 to June 30 of each year. It is the Governing Board's duty to ensure a fair, equitable and

transparent budgeting process. The Regional Budget will be submitted by the CEO based on the recommendations of the MHDS Coordinators to the Governing Board for review and approval.

Sioux Rivers Regional MHDS will use a "hybrid method" to meet the needs of the region. This method will include an account for pooled funds to develop new regionally based programs/services while allowing individual counties to maintain funding and expenditures for core services based on local tax revenues. This method allows for the fiscal management of locally required services and for regionally based collaboration and coordination of services.

Accounting System and Financial Reporting:

The accounting system and the financial reporting requirements to the Iowa Department of Human Services conforms to Iowa Code 441- 25.13(2) (331.391) and includes all the non-Medicaid mental health and disability expenditures funded by the Region. Information is separated and identified in the most recent Uniform Chart of Accounts as approved by a committee comprised of the regional CEO's and DHS including, but not limited to, the following: revenues, expenses for administration and services.

Contracting/Rate Agreements:

The Region may contract with MHDS providers whose base of operation is in the Region or they may use a rate agreement. The Region may also honor contracts/rate agreements with other regions and may also have a contract/rate agreement with providers not based in the region. A contract/rate agreement may not be required for a one-time or "as needed" service.

Sioux Rivers will examine ways to develop financial incentives based on performance outcomes, which may include provider incentives and/or improvements as determined by the MHDS Coordinators and the Regional Governance Board.

Funding shall be provided for appropriate, flexible, cost effective community services and supports to meet the individual's needs in the least restrictive environment. The Region recognizes the importance of individualized planning for the services and the supports to empower all individuals to reach their fullest potential.

An individual, who may be eligible for other publicly funded services and supports, must apply and accept such funding and support. Failure to do so will render the individual ineligible for regional funds unless the Region is mandated by a state or federal law to pay for said services.

Individuals, who are in need of and are awaiting approval and receipt of assistance under other programs, may be considered eligible for up to sixty (60) days, if all other eligibility criteria are met.

The Region shall be responsible for funding only the services and the supports authorized in accordance with the process described in the Plan, within the constraints of the budgeted dollars. The Region shall be the payer of last resort and regional funds shall not replace other available funding.

Sioux Rivers Regional MHDS service contracts require that providers meet all applicable licensure, accreditation or certification standards. However, Sioux Rivers will make a serious effort to stimulate access to more natural supports in its service provider network. Sioux Rivers will include providers of services that do not require state certification, as long as they provide high quality services, positive outcomes and satisfaction, cost effectiveness, and are willing to comply with the Sioux Rivers Regional MHDS Management Plan. The Sioux Rivers CEO, in conjunction with the Service Coordinators, will review the request from such providers as an out-of-plan request for funding and if approved, the request will be forwarded to the Sioux Rivers Governance Board for funding authorization.

G. Data Reporting and Other Information Technology Requirements:

The Region will be using CSN for data collection and billing. The lowa State Association of Counties (ISAC) is developing "ad hoc" reports which will allow each county to review data and claims by Chart of Accounts. Each county will submit their expenditures in the State COA format at the end of the year to the fiscal agent. The CEO and fiscal agent will combine the expenditures for regional reporting purposes.

INVOLUNTARY COMMITMENT PROCESS APPLICATION FOR COMMITMENT

CLERK OF COURT OFFICE	HOSPITAL
 Completed Information sheet and/or affidavit sent to Mental Health Office if no Title XIX (Medicaid), Medicare, Insurance, Income, Family Investment Program (FIP), etc. for individual receiving services; Application to Judge; If custody ordered (regardless of ability to pay) Sheriff's Office transports to local hospital Custody determined acceptable for family member or other alternative 	 Completed Information sheet based on intake, hospital records, and/or REVS hotline sent to Clerk's Office. Clerk's Office will forward to Mental Health Office if no financial means to pay by individual receiving services. Application to Judge. Sheriff Office serves papers at hospital.

If individual has Title XIX, Medicare, private insurance or other financial means the Sioux Rivers Regional MHDS Office involvement ceases.



Individuals having Title XIX are to be referred to and served through Individual Health Homes (IHH). The IHH program is contracted by the State of Iowa through Siouxland Mental Health Center (712)202-0173 and Plains Area Mental Health Center (888) 546-0730. Referrals to IHH offices for such services can be part of discharge planning.

If the individual has no visible means of resource(s) to cover mental health treatment costs:

Sioux Rivers Regional MHDS Offices will:

- 1. Contact the local mental health center for prescreen to be performed at hospital;
- 2. Receive prescreen from mental health center;
- 3. Contact Mental Health Institute(s) for placement possibilities and provide available info to MHI for determination of appropriateness of placement;
- 4. Check with MHI to assure timely receipt of clinical info from local hospital;
- 5. Contact local County Sheriff's Office determining timeline for transport to Mental Health Institute.

Substance Abuse and Dual Diagnosis treatment is available for Title XIX recipients through Magellan (Title XIX contractor for State of Iowa) or through the Iowa Department of Public Health.

Listing of facilities in Iowa providing Substance Abuse and/or Dual Diagnosis treatment can be found at http://facilitylocator.drugfreeinfo.org/Agency/Default.aspx
Magellan representatives can be contacted at (515)273-5030. Iowa Department of Public Health can be contacted at (515)281-4417. Both offices can assist in finding available beds and placement if bed availability is difficult.

The following link is provided through the Iowa Department of Inspections and Appeals. It includes all facilities licensed within Iowa by licensure level and county. If you click on the care level, you will be taken to a page with the contact information for facilities by county location.

https://dia-hfd.iowa.gov/DIA HFD/Process.do